



## **AUTHORIZATION FORM**

If the Right of Way Permit/Application is to be signed by anyone other than the property owner(s), this form must be signed by *all* property owners (attach additional pages if needed).

| The undersigned, owner(s) of certain                 |  | *                             |
|--|--|-------------------------------|
| (address)  |  | (the "Property") has (have)   |
| authorized behalf to acquire a permit for a right of |  |                               |
| including but not limited to agreeme                 |  |                               |
| property owner(s) retain responsibility              |  |                               |
| Hampton relative to work within the G                |  | of the code of the city of    |
| 1  | , , ,  |                               |
| (G) (B) (O)  | (Division of the Control of the Cont | (D. ( )                       |
| (Signature of Property Owner)                        | (Printed Name of Property Owner)   | (Date)                        |
| STATE OF   | :  |                               |
| STATE OFCITY/COUNTY OF                               | , to wit:  |                               |
|  |  |                               |
| I hereby certify on this                             | day of   | , 20, that                    |
|  | (name),  | (title) of                    |
|  | npany name) executed the foregoing   |                               |
| He/She is known to me personally or pr               | rovided a  | s identification.             |
|  |  |                               |
|  | Notary Pu  | blic                          |
| Registration No.:                                    |  |                               |
| My Commission Expires:                               |  |                               |
|  |  |                               |
|  | ****   |                               |
| (Signature of Property Owner)                        | (Printed Name of Property Owner)   | (Date)                        |
|  |  |                               |
|  |  |                               |
| STATE OF   | :  |                               |
| CITY/COUNTY OF                                       | , to wit:  |                               |
| I haraby cartify on this                             | day of   | 20 that                       |
| i hereby certify on this                             | (name)   |                               |
| (con   | (name),<br>mpany name) executed the foregoing  | Authorization Form before me. |
| He/She is known to me personally or pr               |  |                               |
|  |  |                               |
|  | Notary Pu  | blic                          |
| D. C. C. M.  |  |                               |
| Registration No.: My Commission Expires:             |  |                               |
| TVI Y COHHIHASION L'ADILES.                          |  |                               |

This form must be completed if the owner of the property is not the individual performing the activity within the city right of way.